

DEP REF  
307

PATENT  
Attorney Docket No. 7444.0001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#5

In re Application of )

Michael SATOW et al. )

Serial No. 09/376,346 )

Filed: August 18, 1999 )

For: A REAL-TIME COMPUTERIZED )  
STOCK TRADING SYSTEM )

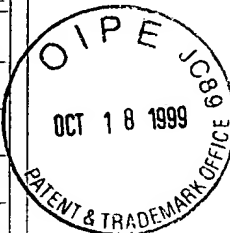
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

REFUND SECTION  
ACCOUNTING DIVISION  
OFFICE OF FINANCE

FEE VALUE  
ACCOUNTABILITY  
DEPOSIT ACCOUNT NO.

FEE CODE	VALUE FURNISHED
101	760
102	858
103	532
105	150



REQUEST FOR REFUND

In accordance with 37 C.F.R. § 1.28 allowing a Verified Statement and Request for Refund to be filed within two months of timely payment of the full fee, applicants apply for a refund of one half of the filing fee of \$2,140.00 paid upon filing this case on August 18, 1998.

Applicant is a small entity qualifying for reduced fees under 37 C.F.R. § 1.9(f). A copy of a Verified Statement claiming small entity status is attached.

Please issue the refund to the undersigned firm of attorneys and indicate on the check our case reference "07444.0001-00000".

Respectfully submitted,

FINNEGAN, HENDERSON, FARABOW,  
GARRETT & DUNNER, L.L.P.

Michael L. Kiklis  
Reg. No. 38,939

Dated: October 18, 1999

Refund

FEE CODE	VALUE FURNISHED
201	380
202	429
203	261
205	65

LAW OFFICES

FINNEGAN, HENDERSON,  
FARABOW, GARRETT,  
& DUNNER, L.L.P.  
1300 I STREET, N.W.  
WASHINGTON, D.C. 20005  
202-408-4000

85 OCT 19 1999

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OCT 19 1999

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND														
1 Date of Request: <u>2/29/00</u>		2 Serial/Patent # <u>09/376,346</u>												
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT										
<input checked="" type="checkbox"/>	Filing		8/18/99	\$ 1135										
<input type="checkbox"/>	Amendment			\$										
<input type="checkbox"/>	Extension of Time			\$										
<input type="checkbox"/>	Notice of Appeal/Appeal			\$										
<input type="checkbox"/>	Petition			\$										
<input type="checkbox"/>	Issue			\$										
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$										
<input type="checkbox"/>	Maintenance			\$										
<input type="checkbox"/>	Assignment			\$										
<input type="checkbox"/>	Other			\$										
		7 TOTAL AMOUNT OF REFUND		\$ 1135										
10 REASON:		8 TO BE REFUNDED BY:												
Overpayment		<input checked="" type="checkbox"/> Treasury Check												
Duplicate Payment		<input type="checkbox"/> Credit Deposit A/C #:												
No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
11 REFUND REQUESTED BY:														
TYPED/PRINTED NAME: <u>David Forte</u>		TITLE: <u>HELPER</u>												
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-9635</u>												
OFFICE: <u>TC 2700</u>														
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****														
APPROVED: _____		DATE: _____												

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*